

## **Summary of Meeting Minutes November 7, 2019**

### **Call to Order and Roll Call**

Council Co-Chair Sarah Reisetter, Iowa Department of Public Health, called the roll call at 1:00 P.M. Attendance is as reflected in the separate roll call sheet. A quorum was met.

Sarah asked voting members to introduce themselves, and then the new Department of Human Services (DHS) Director, Kelly Garcia, briefly introduced herself and her immediate plans for the Department.

### **Approval of Previous Meeting Minutes**

Sarah called for a motion to approve minutes from the August 6, 2019 meeting. The minutes were approved.

### **Review and Approval of Draft Administrative Rules**

At the August 6, 2019 meeting, Draft Administrative Rules were tabled due to concerns about election language and MAAC membership. Language in section 79.7(2) a. (1) was changed to clarify the differences between the initial election and all subsequent elections of voting members from professional and business entities. Additionally, the Department issued a memo clarifying membership of the council. Sarah called for a motion to approve the rules. The rules were approved by the council. The rules will now go before the DHS Rules Council for their review, approval, and adoption.

### **Medicaid Director's Update**

Director Mike Randol introduced Mary Stewart, the new Managed Care Bureau Chief. Director Randol then began his update with a review of the transition of members from UnitedHealthcare to Iowa Total Care and Amerigroup Iowa, Inc. As of November 1, 2019, membership was split between the two Managed Care Organizations (MCOs) as follows: roughly 58% with Amerigroup and roughly 42% with Iowa Total Care. IME staff are monitoring distribution of members between the MCOs by each capitated rate cell..

Iowa Total Care has been operating in the Iowa Medicaid program for four months. IME staff continues to have two weekly meetings with Iowa Total Care leadership to monitor and correct any issues.

The IME has required the MCOs to create a claims issues log, which lists claims issues and has a timeline for resolution and claims reprocessing. This log will be updated weekly, and is posted on the MCO's websites.

An update was requested on the status of Ground Emergency Medical Transportation (GEMT): Director Randol noted that the Centers for Medicare and Medicaid Services (CMS)

recently approved of a plan for the IME to provide prospective payments to reimburse GEMT providers for their average uncompensated care cost (UCC). This program will be effective July 1, 2019.

The IME activated a new online payment system, Click Pay, for the Hawki program. On the new system, reoccurring payments can only be set up for 12 months at a time. State Representative Heather Matson asked if the new online system was voluntary. Director Randol stated that the IME cannot mandate a single form of payment out of concern for equal access to all members.

#### **Managed Care Quarterly Report: State Fiscal Year (SFY) 2019 Quarter 4**

Director Randol reviewed the Managed Care Quarterly Report for SFY 19 Quarter 4. Director Randol highlighted several sections of the report including: enrollment numbers, claims payments, prior authorizations, the balance of Long Term Service and Supports (LTSS) members living in institutions vs. LTSS members living in community-based care situations, service plan changes (increases, reductions and renewals), and value added services.

Cindy Baddeloo, of the Iowa Health Care Association, asked if the IME tracked claims paid by provider type. Director Randol replied that the IME does and if the MAAC thought this information was valuable it can be included in future quarterly reports, with the caveat that reliable claims information has to be at least six months old due to claims runoff.

Director Randol noted that over 300 prior authorizations had been removed from the Medicaid program. Rep. Matson asked when these were removed. Director Randol stated that they were removed throughout the year in 2018.

#### **Updates from the MCOs**

##### **Amerigroup Iowa, Inc.**

John McCalley, of Amerigroup Iowa (Amerigroup), presented an update to the council. McCalley stated that Amerigroup increased its membership by roughly 61% due to the transition of members from UnitedHealthcare. McCalley highlighted the growth in LTSS membership: prior to the transition Amerigroup had 12,252 LTSS members, which increased to over 24,000 LTSS members following the transition. McCalley discussed Amerigroup's projects concerning social determinants of health. McCalley stated that Amerigroup has transitioned to a new Pharmacy Benefit Manager (PBM): Ingenio Rx.

##### **Iowa Total Care**

Mitch Wasden, Plan President of Iowa Total Care, gave an update on Iowa Total Care's first four months in the managed care program. Iowa Total Care has hired around 800 Iowa based employees. Mitch highlighted Iowa Total Care's relatively low employee turnover rate. Iowa Total Care completed 1,055 level of care (LOC) assessments in the month of October. Iowa Total Care anticipates that they will need three or four more months before they can

begin making value-based purchasing decisions, which will be important in adding value to the program.

### Open Discussion

Marcie Strouse asked if claims payment timeliness was an issue monitored by the IME and if a working group could be formed to monitor it. Marcie cited concerns brought to her by several of her clients. Director Randol stated that claims payments are monitored, and asked that Marcie forward her clients concerns directly to him.

Anthony Carroll, of the American Association of Retired Persons (AARP), stated he thought it would be helpful to include reasons for grievances and appeals in the Managed Care Quarterly Report. Director Randol stated that the IME has a mandate to develop semi-annual stand-alone reports on appeals. Marcie asked if the appeals reports include information on grievances, Director Randol advised that the MCOs track grievances and that the IME's legislative mandate does not include grievances.

Denise Rathman, National Association of Social Workers, asked John McCalley about a notification Amerigroup sent out to mental health providers, limiting members to 24 sessions with mental health providers before a prior authorization is required. This limitation excludes psychiatrists and psychologists. John stated that Amerigroup will release a communication which explains the clinical rationale for this limit, pending approval of the communication by the IME. Director Randol clarified that the IME is approving the communication only, and cannot comment on the prior authorization, as in managed care MCOs are free to set their own prior authorization requirements.

### Adjournment

Meeting adjourned at 2:15 P.M.

Submitted by,  
Michael Kitzman  
Recording Secretary  
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